We're here to treat you when you are sick, and help you stay well.
Capital Health – a community striving together for better health.

Report

TO THE COMMUNITY 2003–04

Capital Health

105-00419/

Healthy People, Healthy Communities

Healthy People, Healthy Communities: This is the vision for Capital Health and the goal toward which we strive each day. It is our focus when we respond to illness or injury — and when we undertake community health promotion initiatives like the Youth Health Centres. It is an important theme in the education of the students we train to be the health providers of the future. It drives our research activities as we strive to advance the frontiers of patient care, treatment, and health promotion activities. It is our call to action for the thousands of staff, physicians and volunteers who work so hard to help us meet the challenges, and move us closer to success through our programs, services and health promotion work.

At Capital Health we know that health and health care are top of mind for residents of our district. We are proud of the dedication of our team and we have many stories of success to tell. We continue to build strong and vibrant programs to improve the health of our citizens and communities. We face ongoing challenges and know that we can and must improve our performance and access to programs and services.

In this report, you will find financial and statistical data that demonstrates our stewardship over your tax dollars, and helps tell the Capital Health story in 2003-04. We hope this annual report will give you insight into both our challenges and successes in 2003-04, and encourage you to help us reach our goal of healthier people and communities.

Don Ford
President & CEO

Bruce McLaughlin
Chair of the Board

A year of unique challenges

In 2003-04 Capital Health faced some extraordinary challenges beyond the patient care, research, teaching and health promotion activities we perform.

SARS focused attention on how we needed to strengthen the public health system in Canada and at Capital Health. Hurricane Juan affected all of Capital Health and its operations, and we lost a valuable member of our health care team.

The blizzard now known as "White Juan" challenged our ability to maintain adequate services and levels of patient care. From every crisis comes an opportunity. Through it all our staff demonstrated their deep dedication to our patients, clients and communities, and we learned and grew as a result.

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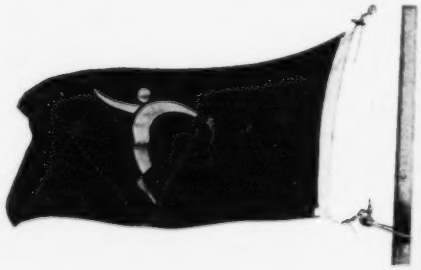


Progress in 2003-04

Healthier people and healthier communities is our vision. We track our progress and successes in four priority areas that help us reach our vision. Following are highlights of that progress in 2003-04:

Improving Care for Patients, Clients and Communities

- Capital Health and the Halifax Regional School Board entered into a new partnership to provide a more secure future for 16 high school-based Youth Health Centres.
- The Capital Health Cancer Program, supported by the QEII Foundation and volunteers, opened a new chemotherapy unit and patient support room.
- The seven Community Health Boards supported over 40 community-based projects through the Community Development Fund in 2003-04. The projects benefited children, youth, adults and seniors, and focused on leading active, healthy lifestyles.
- The Nova Scotia Environmental Health Centre became part of Capital Health in July 2003.
- Construction on the new Cobequid Community Health Centre began in the Fall 2003. The new facility will open in 2005, and will expand care and services for residents in that area.
- Capital Health held the Innovative Ideas in Primary Care Workshop to examine ways of improving care delivery in the community. Over 150 doctors, through 43 submissions, expressed interest in partnering with Capital Health to develop primary care initiatives aimed at improving access to health care and health services.
- The Minister of Health announced funding for a new $2.6-million renal dialysis unit at the Dartmouth General Hospital to improve patient access and services. Construction of the new unit started in spring 2004.
- Liver transplant specialist Dr. Bjorn Nashan was recruited from Europe to lead the new multi-organ transplant program.
- The Capital Health/Dalhousie University Department of Medicine published the first guide to wait times for QEII specialist consultations for family doctors in Nova Scotia.
- Capital Health Public Health Services began providing postnatal support to all new families with newborns within the Capital District. These services were previously provided by the IWK through the MABLE program.

Creating a Healthy Workplace

- Capital Health became smoke-free on May 31, 2003.
- *Getting Started*, a smoking cessation pilot project run by Addiction Prevention and Treatment Services, was offered to Capital Health staff and their families. This program's success led to the expansion of the program to communities across our district.
- The Healthy Workplace Council provided 48 grants totaling $75,000 to employee groups to improve workplace health and wellness across Capital Health.
- More than 400 employees took part in the 2nd annual *Get Moving for Health Walk* held at all Capital Health sites on May 20th to promote healthy active lifestyles at work.
- The Healthy Workplace Team and the QEII Sleep Disorders Lab launched an awareness campaign for shift workers throughout Capital Health about the importance of developing healthy sleep habits.

Building Knowledge

- An 18-ton MRI, the centerpiece of Halifax's advanced neuroimaging research lab, was installed in May 2003 at the QEII. The facility partners include the Brain Repair Centre, Capital Health, the QEII Foundation, the National Research Council, the Province of Nova Scotia and Dalhousie University.
- A three-year research project in primary care was launched in the fall of 2003. The aim is to help us better understand how we can improve patient care and provide valuable information for planning.
- Canadian Institute for Health Research (CIHR) provided research infrastructure money that was used to expand Cardiology and Rheumatology research space.
- Capital Health and the NS Health Research Foundation (NSHRF) awarded the first Quest Award, also known as the John Ruedy Award, to Nicole Hartnell for her research into the subject of medication errors and the barriers to reporting these errors.

Leadership and Advocacy

- Capital Health's Patient Safety Advisory Group conducted a district-wide medication safety audit to improve patient safety.
- Capital Health hosted the third international patient safety symposium October 2003 which brought international leaders in the field to Halifax.
- *Business Voice Magazine* recognized Capital Health staff for their contribution to the Hurricane Juan recovery efforts.
- Thousands of students in dozens of schools throughout Capital Health generated over 4.7 million minutes of heart-healthy activity during the *Be Active for Fun, Be Active for Life* physical activity competition. The annual contest is a partnership of Capital Health's division of cardiology and Community Health, the Halifax Regional School Board, the Active Kids, Healthy Kids program and the Office of Health Promotion.
- Capital Health became one of the first health care organizations in Canada to post daily Emergency Department wait times on its website.
- The Community Health Boards continued building effective partnerships with district programs, local and provincial governments, and other community based organizations to advance cultural diversity and promote physical activity.

Access challenges and progress in 2003-04

Canadians expect their health care system to be there for them when they need it. When people have to wait for an important test or surgery, it can affect their recovery and shake their confidence in the system. Whether it's getting patients into surgery in a more timely fashion or ensuring the public can take advantage of important community or public health programs, improving access to health care is critical to achieving healthier people and healthier communities.

Access to services and wait times continued to be important public concerns in 2003-04. Gathering and reporting wait time information helps the public understand where the system is meeting patient needs and where it is not. This information helps care providers identify priority areas for improvement, investment and innovation. Shorter wait times and better access are clearly linked.

Capital Health gathers data on many of our services and programs and this report offers a small sample of some of the key areas of focus and concern in 2003-04. We have included national standards or Capital Health's own targets to show our progress, and those areas that continue to challenge us.

Emergency Department

Wait times in emergency departments are a national concern. In January 2004, Capital Health and the Department of Health released a 10-point action plan to address the problem of emergency department overcrowding and wait times. The plan includes additional long-term care beds, equipment purchases, policy and practice changes, and QEII emergency department space expansion. This combination of short-, medium-, and long-term solutions is expected to have an impact on wait times. The data in the table shows average wait times to the end of March 2004. Since then, progress has been made. For current daily wait time numbers go to **www.cdha.nshealth.ca/newsroom/erwait**

Emergency Department Average Wait Times (avg. wait time in hours from triage to physician)

Fiscal Years 2002-03 and 2003-04 (April 1 to March 31)

	Triage Level 1 (Resuscitation) Target: 0 hrs		Triage Level 2 (Emergent) Target: 0.25 hrs		Triage Level 3 (Urgent) Target: 0.5 hrs		Triage Level 4 (Less Urgent) Target: 1 hr		Triage Level 5 (Non-urgent) Target: 2 hrs	
Year	02-03	03-04	02-03	03-04	02-03	03-04	02-03	03-04	02-03	03-04
DGH	0.1	0.1	0.9	0.8	1.6	1.5	2.0	1.8	2.0	1.7
Cobequid	n/a	0.1	0.6	0.6	1.0	1.1	1.8	1.8	1.6	1.6
Hants	0.2	0.1	0.5	0.5	0.8	0.8	1.1	1.2	1.2	1.1
QEII	0.2	0.0	0.9	1.0	2.4	2.7	1.9	1.9	1.8	1.7

Cardiovascular Surgery

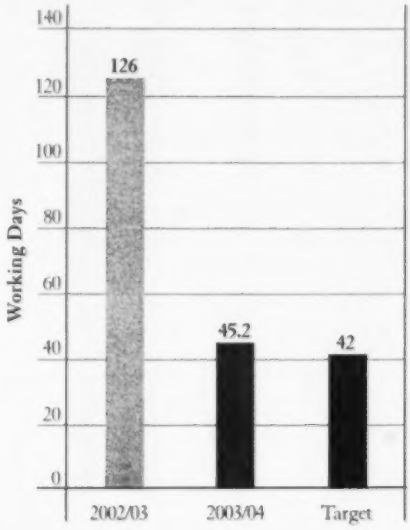
A fourth Cardiac Catheterization Lab went into operation in September 2003. Cardiac catheterization is a procedure that is done on patients to gather information about heart function and for limited treatment and repair procedures. A $5 million investment by the Nova Scotia Government expanded the facilities and the service to help address wait times for cardiology and cardiac surgery patients. These additional resources brought wait times for these procedures within the targets.

Procedure	Target Wait	2002/03 Average Wait	2003/04 Average Wait
Emergent, Urgent In-Hospital	Within 1 week	.37 weeks	.33 weeks
Semi-Urgent A	3 weeks	6.4 weeks	2.0 weeks
Semi-Urgent B	8 weeks	10.5 weeks	3.6 weeks
Elective	12 weeks	23.2 weeks	11 weeks
Catheterizations	35 days	89.1 days	28.4 days

Diagnostic Imaging

Diagnostic tests, such as MRI scans, give doctors more information about a patient's condition and identify possible concerns. Getting these done in a reasonable time frame means treatment can start sooner. ddIn 2003-04 Capital Health's wait time for elective MRI scans improved when two new MRI machines opened in the province, and Capital Health was able to expand the hours and days of operation for MRI services.

MRI Wait Times



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Priority Level	Target Wait	2002/03 Average Wait	2003/04 Average Wait
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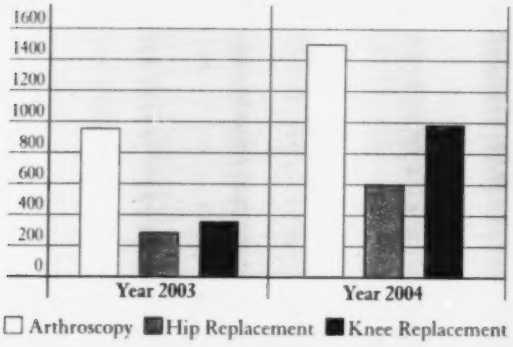
Orthopaedic Surgery

Dr. Michael Dunbar, QEII division of Orthopedic Surgery, authored and released a study of orthopedic surgery wait times at the QEII in January 2004. This study, the first of its kind, led to the announcement of the expansion of orthopedic surgery services to respond to the 18-month wait list. The expansion is set to begin in Fall 2004.

Patients awaiting select orthopaedic surgery procedures



Current Wait Times for Non-emergency joint replacement *(Knees and Hips)*

	Months
Most Urgent	6–18
Less Severe cases	>18
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District Budget for 2003-04	$568 million
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Total Emergency Visits (included in Outpatient Admissions)	142,650
Total Inpatient Admissions	32,122
Active Research Projects	400
Active Clinical Trials	260
Research funding from grants and contracts	$15.5 million
Number of diagnostic procedures	498,254
Number of Community Development Fund Projects	42
Number of high school and junior high school students served by Youth Health Centres	19,885
Number of individual visits to the 16 school-based Youth Health Centres in Capital Health	8,761
Number of patients that received TB medication through Public Health	29

If you want to read more about our performance, Capital Health reports on many areas of our operations regularly on our website. A separate report on Emergency Department wait times is posted daily. These reports are available at: www.cdha.nshealth.ca/accountability/index.html

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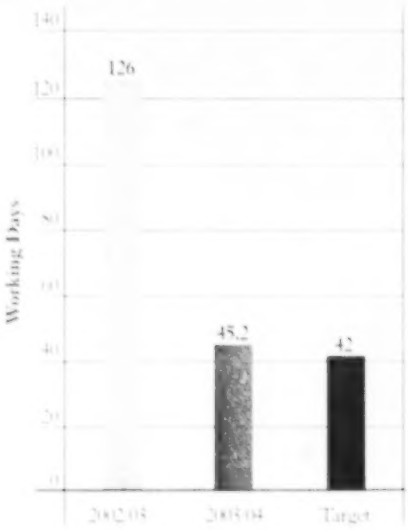

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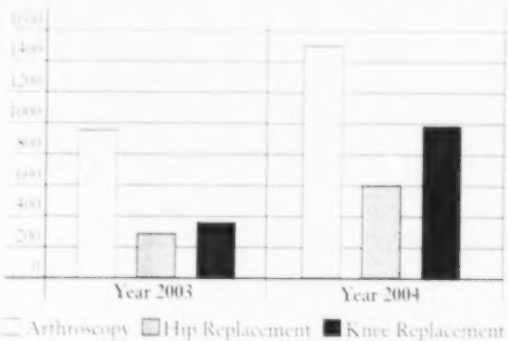

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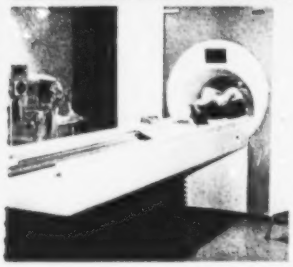

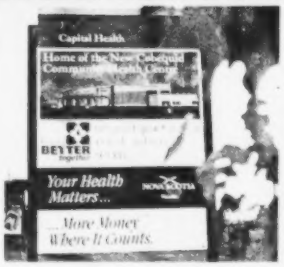

Working for Healthier Communities

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A Financial Snapshot

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Statement of Financial Position Operating and Capital Funds

Statement of Revenues and Expenditures

As of March 31, 2004 (in thousands)	2004	2003
Operating		
Revenues	$ 568,819	$ 519,157
Expenditures	568,689	529,181
Results from operating activities	130	(10,024)
Net revenues over (under) expenditures before deficit funding	13	(10,024)
Operating deficit funding received from Department of Health	—	10,024
Net revenues over expenditures	$ 13	$ —

Contact Us:

Tell us what you think about this report:

- Visit our website and complete an online survey
- Contact us directly with other feedback or questions.

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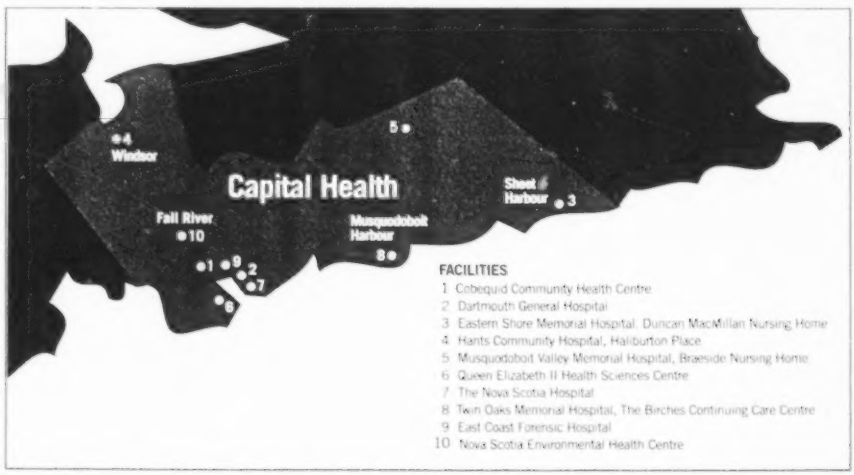
Telephone: 902-473-2919
Fax: 902-473-3368
Mail: Capital Health
Report to the Community
1796 Summer Street, Suite 2121
Halifax, NS B3H 3A7


Capital Health
Windsor
Fall River
Musquodoboit Harbour
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FACILITIES
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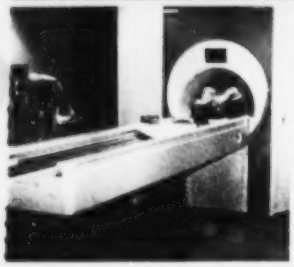

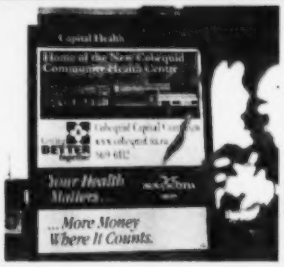

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Expenditures	568,689	529,181
Results from operating activities	130	(10,024)
Net revenues over (under) expenditures before deficit funding	13	(10,024)
Operating deficit funding received from Department of Health	—	10,024
Net revenues over expenditures	$ 13	$ —

Contact Us:

Tell us what you think about this report:

- Visit our website and complete an online survey
- Contact us directly with other feedback or questions.

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Report to the Community
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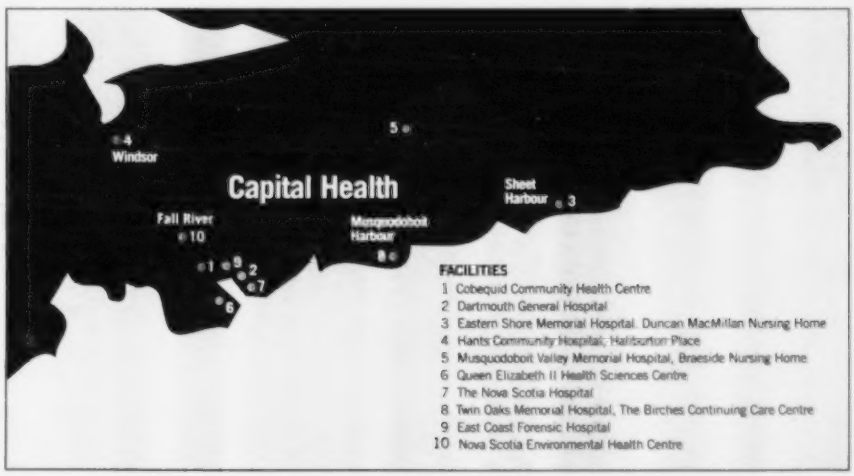
Capital Health
Windsor
Fall River
Musquodoboit Harbour
Sheet Harbour
FACILITIES
1 Cobequid Community Health Centre
2 Dartmouth General Hospital
3 Eastern Shore Memorial Hospital, Duncan MacMillan Nursing Home
4 Hants Community Hospital, Haliburton Place
5 Musquodoboit Valley Memorial Hospital, Braeside Nursing Home
6 Queen Elizabeth II Health Sciences Centre
7 The Nova Scotia Hospital
8 Twin Oaks Memorial Hospital, The Birches Continuing Care Centre
9 East Coast Forensic Hospital
10 Nova Scotia Environmental Health Centre